

To be used for changes to registrations and terminations.

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FINANCE
CAPITAL

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Duffy Wade D
Last First MI

2. BUSINESS PHONE 225-344-0037

3. BUSINESS ADDRESS 100 N. 10th Street, Ste 210 Baton Rouge, LA 70802
Street and No. City State Zip

MAILING ADDRESS P.O. Box 3801, Baton Rouge, LA 70821
Street and No. City State Zip

4. EMPLOYER Louisiana Casino Association, Inc. and Casino Association of Louisiana, Inc.

5. EMPLOYER'S ADDRESS 700 N 10th Street, Ste 210 Baton Rouge, LA 70802
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Casino Association, Inc.

Address P.O. Box 3801 Baton Rouge, LA 70821

Business or purpose Trade Association

☒ New Representation
Does this person pay you? yes

If No, who pays you? _____

☐ Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation

Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Wade D. Duty

Signature of Lobbyist *Wade D. Duty*